

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services



AMERICAN JOB CENTER TRAINEE PROGRESS REPORT

STUDENT TIME & ATTENDANCE / MEASURABLE SKILL GAIN / CREDENTIAL ATTAINMENT

Participant Name: _____ Last 4 SSN: _____

AJC Workforce Development Specialist (WDS): _____ AJC Site: _____

Training Provider: _____

Training Program: _____

Required Hours per Week: _____ Required Days per Week: _____

Expected End Date: _____

TIME & ATTENDANCE

(Enter the hours participant attended each day and the total for the week)

WEEK OF	MON	TUE	WED	THU	FRI	SAT	TOTAL

Is the participant in compliance with provider's attendance policy?

☐

Yes

☐

No

Five day enrollment: These signatures confirm the participant has attended 5 full days of training.

Customer: _____ Instructor: _____

MEASURABLE SKILLS GAIN (SKILLS PROGRESSION)

Note: Programs leading to Certificates of Completion only are not counted in this measure.

Credential(s) to be Attained: _____

Did participant pass or fail the attached exam demonstrating satisfactory progress?

☐

Pass

☐

Fail

Exam date: _____

Is the participant in good standing with provider's academic policy?

☐

Yes

☐

No

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CREDENTIAL ATTAINMENT

Note: Certificates of Completion are not counted as a credential under this measure.

Credential 1

Credential Attained: _____

Issuing Organization: _____ State: _____

Exam Date: _____ Expiration Date: _____

Documentation Type: _____

Credential 2

Credential Attained: _____

Issuing Organization: _____ State: _____

Exam Date: _____ Expiration Date: _____

Documentation Type: _____

NOTES AND COMMENTS

(Print Instructor's Name) (Instructor's Signature) Date

(Student's Name) (Student's Signature) Date

(WDS's Name) (WDS's Signature) Date